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BEFORE THE

Federal Communications Commission

WASHINGTON, D.C.

In the Matter of	)	
	)	
Federal-State Joint Board on	)	CC Docket No. 96-45
Universal Service	)	
	)	
	)	

To: The Commission

COMMENTS OF AMSC SUBSIDIARY CORPORATION

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Summary

With passage of the Telecommunications Act of 1996, Congress initiated a restructuring of support for universal service that includes as a major priority improved access to telecommunications services by rural health care providers. One of the greatest needs in this area is for improved access to mobile telecommunications for emergency medical personnel. Rural ambulances and helicopters frequently operate out of range of existing mobile communications, leaving emergency medical personnel unable to transmit and receive information that is critical to saving lives.

The Commission has an opportunity in this proceeding to create rules that will go a long way towards meeting the need for improved mobile communications for rural health care providers by permitting AMSC to use its U.S. domestic Mobile Satellite Service system to offer discounted mobile service to those providers. AMSC's MSS system, which began commercial service earlier this year, provides high-quality two-way mobile voice and data communications throughout the United States, including particularly rural and remote areas. By equipping rural ambulances and other emergency medical vehicles with MSS mobile terminals, the huge coverage gaps that exist in rural areas can be eliminated.

AMSC specifically urges the Commission to establish rules that provide for the following:

- include mobile telecommunications services to emergency medical vehicles as a supported service;
- define broadly the rural health care providers that are eligible for such discounted service;
- define the amount of the subsidy as the difference between rates for MSS in the applicable rural areas and the rates for relevant terrestrial radio systems in urban areas;

- permit rural health care providers to receive universal service support for the purchase of AMSC mobile terminals; and

- provide for direct reimbursement to carriers such as AMSC for amounts exceeding the universal service contribution offset, or permit AMSC to substitute an agent or reseller that would then be entitled to its own offset.

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COMMENTS OF AMSC SUBSIDIARY CORPORATION

AMSC Subsidiary Corporation ("AMSC") hereby comments on the Recommended Decision of the Federal-State Joint Board on Universal Service ("Joint Board") in the above-referenced docket.[1/] AMSC urges the Commission to recognize the serious need for improved mobile communications to emergency medical vehicles in rural areas, and to conclude that the proposed universal service mechanism permits AMSC to receive compensation for its provision of such service on a discounted basis. Specifically, AMSC urges the adoption of rules that (i) include mobile telecommunications services to emergency medical vehicles as a supported service; (ii) define broadly the rural health care providers that are eligible for such discounted service; (iii) define the amount of the subsidy as the difference between rates for Mobile Satellite Service ("MSS") in the applicable rural areas and the rates for similar terrestrial radio systems in urban areas; (iv) permit rural health care providers to receive universal service support for the purchase of AMSC mobile terminals as part of the Commission's effort to promote access to advanced telecommunications and information services; and (v) provide for direct

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1/ Recommended Decision, Federal-State Joint Board on Universal Service, CC Docket No. 96-45 (released November 8, 1996) ("Recommended Decision"). *See* Public Notice, Common Carrier Bureau Seeks Comment on Universal Service Recommended Decision, CC Docket No. 96-45 (released November 18, 1996).

reimbursement to carriers such as AMSC for amounts exceeding the universal service contribution offset, or permit AMSC to substitute an agent or reseller that would then be entitled to its own offset.

Background

Health care providers in rural areas have an urgent need for improved mobile communications. As stated in the Findings and Recommendations of the Advisory Committee on Telecommunications and Health Care ("Advisory Committee Report"), approximately eighty percent of casualties in emergency situations are in rural areas, and, consequently, rural health care providers must have the means to regularly deliver emergency medical care to individuals in need. Advisory Committee Report at 5. In order to locate, treat, and transport such individuals, rural health care providers must be equipped with sufficient mobile communications capability. Unfortunately, because of the prohibitive cost of constructing and operating Emergency Medical Radio Service systems and other private radio systems in some rural areas, as well as the limited range of cellular service, mobile telecommunications in these areas is often either inadequate or entirely unavailable. In such areas, rural health care providers must identify alternative means of mobile communication for use in response to medical emergencies.

AMSC's MSS system is ideal for filling this need. The Commission authorized AMSC in 1989 to construct, launch and operate the first dedicated U.S. MSS system, as the culmination of a licensing process that began with the filing of applications in 1985.[2/] The first AMSC satellite was launched in 1995, and AMSC's SKYCELL Satellite Telephone Service began early this year. AMSC's MSS system for the first time provides mobile voice and data

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2/ Memorandum Opinion, Order and Authorization, 4 FCC Rcd 6041 (1989); Final Decision on Remand, 7 FCC Rcd 266 (1992); *aff'd sub nom.* Aeronautical Radio, Inc. v. FCC, 983, F.2d 275 (D.C. Cir. 1993).

communications services to people who live, work, or travel in rural and remote areas of the U.S. unserved by terrestrial technologies. AMSC's satellite communications system covers the entire continental United States, including Alaska, Hawaii, Puerto Rico, and the U.S. Virgin Islands.

The successful deployment of AMSC's system represents the realization of a long-standing Commission goal to use satellite communications to bring such critical two-way mobile communications capability to rural and remote areas of the United States. No matter how remote an individual's location, an AMSC terminal allows that person to communicate with any party who can be reached through the public switched telephone network. AMSC's system also can be used to establish dispatch-like talk groups. As the Commission itself recently stated, the public interest benefits from MSS are quite significant, offering the ability to meet rural public safety needs and provide emergency communications to any area during emergencies and natural disasters.[3/]

Support from a newly-configured universal service fund would greatly facilitate AMSC's provision of these unique and crucial mobile communications services to rural health care providers. AMSC recognizes the budget constraints facing the federal government and understands that access to universal service subsidies must be contained, but believes strongly that it should qualify for universal service support under the Joint Board's Recommended Decision and, moreover, that the potential importance of AMSC's service for emergency health care in rural areas warrants Commission flexibility as it examines the relevant issues in this proceeding.

3/ Notice of Proposed Rulemaking, IB Docket No. 96-132, at 6-7.

Discussion

The proposed universal service support mechanism permits compensation to AMSC for its provision of discounted mobile telecommunications services to rural ambulance services and other emergency medical vehicles. AMSC already provides and expects to continue providing provide mobile telecommunications capability to a significant number of emergency medical vehicles, including ambulances and helicopters, in rural areas. In providing such service on a discounted basis, AMSC should be eligible for compensation from the universal service support mechanism under Section 254(h)(1)(A) of the Telecommunications Act of 1996, as interpreted by the Joint Board in its decision.[4/]

[4/] Section 254(h)(1)(A) provides as follows:

(h) Telecommunications Services for Certain Providers.--

(1) In General

(A) Health Care Providers for Rural Areas.--A telecommunications carrier shall, upon receiving a bona fide request, provide telecommunications services which are necessary for the provision of health care services in a State, including instruction relating to such services, to any public or nonprofit health care provider that serves persons who reside in rural areas in that State at rates that are reasonably comparable to rates charged for similar services in urban areas in that State. A telecommunications carrier providing service under this paragraph shall be entitled to have an amount equal to the difference, if any, between the rates for services provided to health care providers for rural areas in a State and the rates for similar services provided to other customers in comparable rural areas in that State treated as a service obligation as a part of its obligation to participate in the mechanism to preserve and advance universal service.

A. The Provision of Mobile Telecommunications Service to Ambulances and Other Emergency Medical Vehicles Should Be a Supported Service Under the New Universal Service Support Mechanism

The Joint Board interprets the range of telecommunications services identified in section 254(h)(1)(A) -- those services "necessary for the provision of health care services" -- as encompassing the "core" services identified in its decision and a set of additional services not included in "core" group.[5/] Recommended Decision at 25-26. While the Joint Board concludes that the Commission should seek additional information on rural health care needs and the scope of "necessary services" before defining this group of additional services more precisely, the Board does make clear that the recommendations in the Advisory Committee Report are "particularly helpful." Id. at 333-34. The Advisory Committee has developed what it calls a "market basket" of telemedicine services that it believes should be available to eligible healthcare providers at rates comparable to those in urban areas. As part of this "basket," the Advisory Committee asserts that "a minimum of 4.8 kbps data transmission rate and voice communications should be enabled from ambulances and helicopters in rural communities to emergency departments and urban trauma centers." Advisory Committee Report at 5.

The Advisory Committee's analysis makes good sense, since in many emergency situations the absence of mobile telecommunications capability renders the provision of health care service impossible -- emergency personnel are either unable to locate individuals in need, or cannot immediately access the expertise of the medical staff at area hospitals. Accordingly, the

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5/ The Joint Board defines "core" telecommunications services as including voice grade access to the public switched network, including, at a minimum, some usage; dual-tone multi-frequency (DTMF) signaling or its equivalent; single-party service; access to emergency services, including access to 911, where available; access to operator services; access to interexchange services; and access to directory assistance. AMSC's service provides all seven of these core attributes.

Commission should follow the Advisory Committee's recommendation and declare that mobile voice and data telecommunications services utilized by ambulances, helicopters and any other emergency medical vehicles should be supported by the universal service system.

B. The Definition of Rural Health Care Providers Is Sufficiently Broad to Permit Universal Service Support to a Variety of Emergency Health Care Entities

The Joint Board's decision recommends that health care provider eligibility for universal service support be limited to the categories of provider delineated in section 254(h)(5) of the Telecom Act. These entities include the following:

(i) post-secondary educational institutions offering health care instruction, teaching hospitals, and medical schools;
(ii) community health centers or health centers providing health care to migrants;
(iii) local health departments or agencies;
(iv) community mental health centers;
(v) not-for-profit hospitals;
(vi) rural health clinics;
(vii) consortia of health care providers consisting of one or more entities described in clause (i) through (vi).

Around the country, in rural and urban areas, local and regional emergency health care systems are comprised of a variety of service providers, and these providers enter into an assortment of economic relationships. Emergency medical vehicle services, or "ambulance" services, are operated by for-profit entities, volunteer services, government agencies, and hospitals themselves. In some cases, private ambulance services receive payment from the contracting governmental body or health care consortium, while in other instances they only receive compensation from patients or their insurers. The hospitals who receive emergency patients are similarly diverse -- they are operated by for-profit entities, non-profit and educational institutions, and public agencies. Finally, public safety radio systems designed for emergency medical use are sometimes funded by state, county, or municipal agencies, and in other instances

are established by consortia of hospitals, both for-profit and non-profit, public agencies, and private or public ambulance services.

Despite the wide variety of parties involved, in a majority of cases, the statutory definition of an eligible health care provider should be broad enough to encompass at least one of these entities. First, most obviously, where the rural ambulance service at issue is operated by a public agency, such an entity would be eligible as a "local health department or agenc[y]" under Section 254(h)(5)(iii). Alternatively, where the rural ambulance service is a private or for-profit entity, it does not appear that it is eligible under the statutory definition. In such cases, however, AMSC could instead contract with local or regional governmental entities -- or with consortia of hospitals, public agencies, and other health care providers -- to provide MSS terminals and service to area ambulance services operators.[6/] In this scenario, the entity with which AMSC contracts, rather than the ambulance operators themselves, would be charged for all calls to and from AMSC's MSS terminals within the relevant area. Moreover, a group of health care providers including entities which are themselves ineligible could still be an eligible "consortium" under Section 254(h)(5)(vii). In addition, this consortium arrangement is consistent with Section 254(h)(3)'s prohibition on the sale, resale, or transferral of this service "in consideration for money or any other thing of value," as the private ambulance services would not be required to compensate the purchasing entity for this MSS usage.

If a given locality's emergency health care system contains a health care provider that is eligible under the statute, emergency medical services in that area can benefit as a whole from AMSC's unique service. Without this universal service support, however, it is much less likely

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6/ This system of public safety communications would be analogous to private, emergency medical radio systems whose construction and ongoing maintenance is funded by a county or municipal governmental body or consortium of entities.

that providers will be able to fill their urgent telecommunications needs with MSS.

C. The Commission Should Define the Amount of Universal Service Support as the Difference Between Rates for MSS in the Applicable Rural Areas and the Rates for Similar Terrestrial Radio Systems in Urban Areas

As shown above, Section 254(h)(1)(A) of the Telecom Act states that telecommunications carriers shall provide telecommunications service to any public or non-profit health care provider at rates that are reasonably comparable to rates charged for similar services in urban areas in that state (the "urban rate"). In its decision, the Joint Board recommended that the Commission designate as this rate the highest tariffed or publicly available rate actually being charged to commercial customers within the jurisdictional boundary of the nearest large city in the state. Recommended Decision at 340-42.

For the purposes of determining the appropriate subsidy, the Commission should conclude that the service in urban areas "similar" to AMSC's rural emergency medical communications is the terrestrial mobile communications service used by ambulances and other emergency medical vehicles in those urban areas. The Advisory Committee's report identified mobile communications services to emergency medical vehicles as a separate category of telecommunications service, and the Commission should adopt that analysis. Advisory Committee Report at 5. Were the Commission to conclude instead that the relevant urban service is urban MSS, eligible health care providers would receive no subsidy for AMSC's service -- the cost of MSS is the same in rural and urban areas. Given the importance of emergency health care services, such a result would be in conflict with the spirit of Congress' Joint Explanatory Statement, which states that section 254(h) is intended "to ensure that health care providers have affordable access to modern telecommunications services that will enable them to provide medical . . . services to all parts of the nation."

Turning to the likely size of the universal service subsidy, the public safety radio communications systems typically utilized by ambulance services in urban areas -- using the UHF frequencies allocated to the Emergency Medical Radio Service, for instance -- require initial capital investments for system construction and subsequent outlays for maintenance and other ongoing system operations. Typically, users of these systems are not charged for voice or data communications transmitted over these networks. The relevant per minute rate for the purposes of section 254(h)(1)(A), therefore, is zero. According to the statute, therefore, AMSC would be required to provide its MSS service to rural health care providers for emergency medical use at no charge, and should be compensated from the universal service support at a rate fully equivalent to those offered to other subscribers in the rural area at issue.

D. Rural Health Care Providers Should Receive Universal Service Support for the Purchase of AMSC Terminals

As shown above, Section 254(h)(1)(A) states that upon receiving a bona fide request a telecommunications carrier "shall provide telecommunications **services** which are necessary for the provision of health care . . ." (emphasis added). In response to this statutory directive, the Joint Board recommends that the Commission initially designate only telecommunications services as eligible for support, and states that it does not recommend that customer premises equipment ("CPE") be eligible for support at this time. Recommended Decision at 336. Section 254(h)(2), however, which pertains to advanced telecommunications services, states the following:

> [T]he Commission shall establish competitively neutral rules--(A) to enhance, to the extent technically feasible and economically reasonable, access to advanced telecommunications and information services for all . . . health care providers.

The statutory definition of information services clearly encompasses telecommunications

equipment, and, as a result, the Commission is authorized to shape its policies, including the universal service support mechanism, to promote access to such equipment.

In its decision, however, the Joint Board provides no clear recommendation for Commission action on this issue. Instead, the Joint Board simply states that the Commission's adoption of rules providing universal service support under Section 254(h)(1) will significantly increase the availability and deployment of telecommunications services for rural health care providers, and that "additional action the Commission will undertake . . .will be sufficient to ensure the enhancement of access to advanced telecommunications and information services for these and other health care providers." Recommended Decision at 376-77. The Commission should take a more active stance than recommended by the Joint Board, and make universal service support available to facilitate the purchase of customer premises equipment where circumstances warrant. In the present case, without such a subsidy, the cost of AMSC's MSS terminals, which represents a significant up-front payment, will likely act as a deterrent to the establishment of the kind of emergency medical MSS communications system envisioned above. Given the obvious benefits of enhanced emergency communications in rural areas, where a majority of emergency medical casualties occur, the Commission should take advantage of the opportunity created by Section 254(h)(2).

E. Carriers Should be Reimbursed for Amounts Exceeding the Universal Service Contribution Offset, or, Alternatively, Should Be Permitted to Substitute an Agent or Reseller That Would Then Be Entitled to Its Own Offset

The Joint Board recommends that the Commission compensate telecommunications carriers for their provision of discount services to eligible health care providers by permitting these carriers to subtract the appropriate sum from their annual universal service support

obligation. Recommended Decision at 361-62. AMSC urges the Commission to adopt a different approach. Specifically, the Commission should directly reimburse carriers for the loss of revenue resulting from these service discounts. Such a system would compensate carriers completely, encouraging them to provide the services so badly needed by rural health care providers.

While the Joint Board recognizes that the Commission has the authority to implement a system of direct reimbursement, it rejects that alternative on the basis that an "offset" scheme is less vulnerable to manipulation and more easily administered and monitored. Id. The Joint Board has recommended the establishment of a universal support certification process, as well as other monitoring and evaluation programs, however, and such processes should be sufficient to alleviate any fears that providers or carriers will abuse such a reimbursement mechanism. Moreover, any concern with the vulnerability of a system of direct reimbursement is easily outweighed by the insufficiency of the "offset" mechanism as a system of compensation. Predominantly rural providers such as AMSC would likely accumulate compensation pools much greater than many years worth of universal service obligations. The extent of this imbalance would likely render meaningless a carrier's ability to carry offset balances forward to future years -- in real terms, a carrier would benefit little, for instance, from the fact that it is relieved from its universal service obligations until the year 2050.

Obviously, neither AMSC nor any other telecommunications carrier favors a universal service support mechanism which requires the provision of telecommunications services to eligible health care providers at discount rates while failing to offer adequate compensation to

these providers.[7/] Unfortunately, the plan recommended by the Joint Board falls into this category, and, for this reason, the Commission should reject the Board's recommendation and institute a system of annual reimbursement.

Alternatively, if the Commission is committed to this offset scheme, it could instead permit the creation of a market for these universal service obligation "credits." Under such a system, a carrier whose collective annual discount to health care providers exceeds the amount of its universal service contribution for a given year would have the ability to market these credits to other telecommunications carriers and gain back a significant portion of that sum in short order. Large carriers with sizable universal service obligations would also benefit from the formation of such a "marketplace."

7/ AMSC's various arguments in these comments are all predicated on the fundamental assumption that AMSC will not be required to provide service to emergency medical vehicles on a discount basis without adequate compensation.

Conclusion

Accordingly, AMSC hereby urges the Commission to design its universal service support mechanism to allow rural providers of emergency health care to obtain support for the purchase of critical mobile telecommunications services, and to enable AMSC to be fully compensated for supplying such crucial services on a discounted basis.

Respectfully submitted,

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CERTIFICATE OF SERVICE

I, Elinor W. McCormick, a secretary to the law firm of Fisher Wayland Cooper Leader & Zaragoza L.L.P., hereby certify that on this 19th day of December 1996, I served a true copy of the foregoing **"COMMENTS OF AMSC SUBSIDIARY CORPORATION"** by first class United States Mail, postage prepaid, upon the following:

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